



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 2570

SERIAL NUMBER 09/614,790	FILING DATE 07/12/2000  RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. HME/7982.001
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APPLICANTS

Sharon F. Kleyne, Grants Pass, OR;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 09/22/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 1	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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Verified and Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
29085  
HOWARD EISENBERG  
1600 ODS TOWER  
601 S.W. SECOND AVENUE  
PORTLAND, OR  
97204-3157

TITLE  
Method and kit for moisturizing the surface of the eye

FILING FEE  RECEIVED 631	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> 09/614,790	<b>FILING DATE</b> 07/12/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615 1617	<b>ATTORNEY DOCKET NO.</b> HME/7982.001
<b>APPLICANTS</b> Sharon F. Kleyne, Grants Pass, OR ;				
<b>** CONTINUING DATA *****</b> mfw None				
<b>** FOREIGN APPLICATIONS *****</b> mfw NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/22/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Michael Willis</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 23 8
<b>INDEPENDENT CLAIMS</b> 4 1				
<b>ADDRESS</b> Chernoff Vilhauer McClung & Stenzel LLP 1600 ODS Tower 601 SW Second Avenue Portland ,OR 97204-3157				
<b>TITLE</b> Method and kit for moisturizing the surface of the eye				
<b>FILING FEE RECEIVED</b> 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	